PATENT MAIL STOP ISSUE FEE

#### IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of

Allowed August 20, 2009

Bernard RENZO

Conf. 8879

Application No. 10/538,648 Group 3679

Filed December 6, 2005

Examiner Aaron DUNWOODY

METHOD FOR A MAKING A CASING WITH PROTECTIVE BELLOWS FOR TRANSMISSION DEVICE AND CASING OBTAINED BY SAID METHOD

# REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents P.O. Box 1450

September 25, 2009

Alexandria, VA 22313-1450

Sir:

Receipt is acknowledged of the Filing Receipt for Serial No. 10/538.648.

It is requested that a new Filing Receipt be issued on which the address of the inventor is correctly given as 19 TER, Rue Magenta LAVAL, FRANCE, as shown by the accompanying Supplemental Application Data Sheet.

Respectfully submitted.

YOUNG & THOMPSON

Benoît Castel

Benoit Castel, Reg. No. 35,041 209 Madison Street, Suite 500 Alexandria, VA 22314 Telephone (703) 521-2297 Telefax (703) 685-0573 (703) 979-4709

### Supplemental Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification:: Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None Computer Readable Form (CRF):: No Number of copies of CRF::

Title:: METHOD FOR MAKING A CASING WITH

PROTECTIVE BELLOWS FOR

TRANSMISSION DEVICE AND CASING

OBTAINED BY SAID METHOD

Attorney Docket Number:: 0526-1104

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3 Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency:: Contract or Grant Numbers:: Secrecy Order in Parent

No

Appl.?::

### Applicant Information

Applicant Authority Type:: Inventor Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: BERNARD

Middle Name::

Family Name:: RENZO

Name Suffix::

City of Residence:: NANTES LAVAL

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 12, AVENUE DE L'ARCHIPEL

Address:: 19 TER, RUE MAGENTA
City of Mailing Address:: NANTES LAVAL

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-44300 53000

## Correspondence Information

Correspondence Customer 00466

Number::

# Representative Information

Representative	Customer	00466	
Number::			ĺ

### Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	National Stage of	PCT/FR03/03653	12/10/03
		The second secon	

## Foreign Priority Information

Country::	Application	Filing Date::	Priority
4	Number::		Claimed::
FRANCE	02 15850	12/13/02	Yes

### Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::